



Use this form to request accommodation for department programs, services, or activities.

Print Materials

Do you know the title(s) of specific publications that you want? Yes ☐ No ☐

If yes, please specify the title(s)

If no, what information can you provide to help us identify the requested documents or publications? For example,

Source of information _____

Location seen or reference provided _____

Subject matter _____

Other leads _____ (Attach additional information on separate paper if needed)

What alternate format do you prefer? (Indicate first, second, third choice if possible)

- | | |
|---|---|
| <input type="checkbox"/> Large print | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Computer disk |
| <input type="checkbox"/> Cassette tape(s) | <input type="checkbox"/> Other (please specify) _____ |

Other Communication Requirements

Do you need a reader? Yes ☐ No ☐

Do you need a certified sign language interpreter? Yes ☐ No ☐ If yes, specify preference Visual ☐ Tactile ☐

Do you have other communication requests?

- | | |
|---|--|
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Video tape displays |
| <input type="checkbox"/> Television captioning | <input type="checkbox"/> Assistive listening headset |
| <input type="checkbox"/> Other (please specify) _____ | |

Other Types of Assistance

- ☐ Wheelchair-accessible hotel/motel or meeting room
- ☐ Hotel/motel or meeting room close to elevator or lobby
- ☐ Nonsmoking guest room
- ☐ Special assistance in evacuating facilities or notification in case of emergency

Please explain _____

- ☐ Other (transportation from airport, tour transportation, straight back chair, etc.)

Requestor's name _____

Address _____ City _____ State _____ Zip _____

Telephone: Home () _____ Work () _____

Request received by _____ Date _____
(print name)

Forwarded to _____ Date _____
(print name)

Date needed _____

White copy to OEO

Yellow copy for program file